The following content was supplied by the authors as supporting material and has not been copy-edited or verified by JBJS.

Appendix A: Mental Health Questionnaires

**Patient Health Questionnaire (PHQ-2)**

**General Anxiety Disorder 2 (GAD-2)**

Over the last 2 weeks, how often have you been bothered by the following problems?

0 = Not at all
1 = Several days
2 = More than half of the days
3 = Nearly every day

1. Feeling nervous, anxious, or on edge.
2. Not being able to stop or control worrying.

(The GAD-2 was based on the GAD-7, which was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.)

**Tampa Scale for Kinesiophobia 4 (TSK-4)**

1 = strongly disagree
2 = disagree
3 = agree
4 = strongly agree

1. My body is telling me I have something dangerously wrong
2. My accident has put my body at risk for the rest of my life
3. Pain always means I have injured my body
4. I wouldn’t have this much pain if there weren’t something potentially dangerous going on in my body


**Short Health Anxiety Inventory 5 (SHAI-5)**

The following 3 questions consist of a group of four statements. Please read each group of statements carefully and then select the one which best describes your feelings over the past 6 months. Identify the statement by checking the box next to it, i.e. if you think that statement (a) is correct, check the box next to statement (a). It may be that more than one statement applies, in which case, please check any that are applicable.
Please select the statement(s) which best describe(s) your feelings over the past 6 months.

1. 
   A. I notice aches/ pains less than most other people (of my age).
   B. I notice aches/ pains as much as most other people (of my age).
   C. I notice aches/ pains more than most other people (of my age).
   D. I am aware of aches/ pains in my body all the time.

2. 
   A. As a rule I am not aware of bodily sensations or changes.
   B. Sometimes I am aware of bodily sensations or changes.
   C. I am often aware of bodily sensations or changes.
   D. I am constantly aware of bodily sensations or changes

3. 
   A. I never think I have a serious illness.
   B. I sometimes think I have a serious illness.
   C. I often think I have a serious illness.
   D. I usually think that I am seriously ill.

For the following questions, please think about what it might be like if you had a serious illness of a type which particularly concerns you (such as heart disease, cancer, multiple sclerosis and so on). Obviously, you cannot know for certain what it would be like; please give you best estimate of what you think might happen, basing your estimate on what you know about yourself and serious illness in general.

4. 
   A. If I had a serious illness I would still be able to enjoy things in my life quite a lot.
   B. If I had a serious illness I would still be able to enjoy things in my life a little.
   C. If I had a serious illness I would be almost completely unable to enjoy things in my life.
   D. If I had a serious illness I would be completely unable to enjoy life at all.

5. 
   A. A serious illness would ruin some aspects of my life.
   B. A serious illness would ruin many aspects of my life.
   C. A serious illness would ruin almost every aspect of my life.
   D. A serious illness would ruin every aspect of my life.

(Reproduced from: Abramowitz JS, Deacon BJ, Valentiner DP. The Short Health Anxiety Inventory: Psychometric Properties and Construct Validity in a Non-clinical Sample. Cognit Ther Res. 2007;31(6):871-83.)

**Negative Pain Thoughts Questionnaire 4 (NPTQ-4)**

1 = strongly disagree
2 = disagree
3 = slightly disagree
4 = slightly agree
5 = agree
6 = strongly agree

1. My problem makes me feel awful and it overwhelms me.
2. My problem will only get worse and it will ruin my life.
3. This is taking too long to heal, there must be something seriously wrong.
4. Even though I can still do a lot of things, I can't enjoy them because of my condition.


**Pain Self Efficacy Questionnaire 2 (PSEQ-2)**

Please rate how confident you are that you can do the following things at present, despite the pain. To indicate your answer, select one of the numbers on the scale under each item, where 0 = not at all confident and 6 = completely confident.

1. I can still accomplish most of my goals in life, despite the pain.
2. I can live a normal lifestyle, despite the pain.

(Reproduced from Nicholas MK, McGuire BE, Asghari A. A 2-item short form of the Pain Self-efficacy Questionnaire: development and psychometric evaluation of PSEQ-2. J Pain. 2015 Feb;16(2):153-63.)
### Appendix B: Diagnoses

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traumatic Conditions of the Arm</strong></td>
<td></td>
</tr>
<tr>
<td>Upper Extremity Fracture</td>
<td>26</td>
</tr>
<tr>
<td>Hand/finger Laceration</td>
<td>7</td>
</tr>
<tr>
<td>Other Hand and Arm Injuries</td>
<td>6</td>
</tr>
<tr>
<td><strong>Osteoarthritis</strong></td>
<td></td>
</tr>
<tr>
<td>Glenohumeral Arthritis</td>
<td>4</td>
</tr>
<tr>
<td>Elbow Arthritis</td>
<td>1</td>
</tr>
<tr>
<td>Wrist Arthritis</td>
<td>2</td>
</tr>
<tr>
<td>Thumb Arthritis</td>
<td>4</td>
</tr>
<tr>
<td><strong>Compressive Neuropathies</strong></td>
<td></td>
</tr>
<tr>
<td>Cubital Tunnel Syndrome</td>
<td>1</td>
</tr>
<tr>
<td>Carpal Tunnel Syndrome</td>
<td>12</td>
</tr>
<tr>
<td><strong>Shoulder Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>Rotator Cuff Tendinopathy</td>
<td>10</td>
</tr>
<tr>
<td>Adhesive Capsulitis</td>
<td>1</td>
</tr>
<tr>
<td><strong>Other Atraumatic Arm Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>Trigger digit</td>
<td>16</td>
</tr>
<tr>
<td>De Quervain tendinopathy</td>
<td>7</td>
</tr>
<tr>
<td>Ganglion cyst</td>
<td>5</td>
</tr>
<tr>
<td>Muscle/tendon/joint contracture</td>
<td>5</td>
</tr>
<tr>
<td>Lateral elbow enthesopathy</td>
<td>3</td>
</tr>
<tr>
<td>Pyogenic granuloma</td>
<td>1</td>
</tr>
<tr>
<td>Chronic olecranon bursitis</td>
<td>1</td>
</tr>
<tr>
<td>Lipoma</td>
<td>1</td>
</tr>
</tbody>
</table>

N=113